

# **INDIAN HEALTH GRANT PROGRAM**

Grant Project Period: January 1, 2012 – December 31, 2013

## **SPECIAL PROJECT FUNDS GRANT APPLICATION MATERIALS**

Application Due: September 30, 2011

**MINNESOTA DEPARTMENT OF HEALTH  
OFFICE OF RURAL HEALTH AND PRIMARY CARE**

July 2011

**2012-2013 INDIAN HEALTH GRANT APPLICATION INSTRUCTIONS**  
**Office of Rural Health and Primary Care**  
**Division of Health Policy**  
**Minnesota Department of Health**

**Program Description**

Per Minnesota Statute 145A.14, the purpose of the Indian Health Grant Program is to provide assistance to eligible applicants to establish, operate or subsidize clinic facilities and services to furnish health services for American Indians who reside off reservations. For purposes of the grant, “resides off reservation” means persons not living on Indian land who are members of an organized tribe, band or other group of aboriginal people of the United States, having a treaty relationship with the federal government and who are regarded as American Indians by the group in which they claim membership. Eligible applicants include nonprofit organizations, governmental or tribal entities. The Indian Health Grant Program is a two-year grant.

**Funding**

The total funding available for the Indian Health Grant Program for the two-year program period is \$348,000, or \$174,000 per calendar year. Grant awards are provided for two years, January 1, 2012-December 31, 2013. However, the final six months of funding for July 1, 2013 to December 31, 2013 will be contingent upon favorable legislative action on the state budget request for the 2014/2015 biennium period.

**Application Deadline**

Final applications must be received by 4 p.m. on September 30, 2011. Applications postmarked prior to this date but not received by the Minnesota Department of Health (MDH) prior to the deadline will be considered late. Late applications will not be considered for review.

**Selection**

A review committee will be established to make award recommendations to the Commissioner of Health. Reviewers may include staff from MDH, staff from other state agencies and individuals from other organizations that represent a broad range of professionals with experience in grant writing and review. Reviewers will be required to identify any conflicts of interest and will not review a proposal if they have a direct relationship with the applicant. The Commissioner has final authority on grant awards.

Applicants will be notified of the award decision by mail in October 2011. An award summary will be posted on the MDH website after grant contracts are finalized.

**Reporting Requirements**

Grantees will be expected to provide quarterly narrative progress reports and a final summary report at the end of the project period. Financial reports with invoices for grant expenditure reimbursements are due with the narrative reports. Reimbursements will not be processed until the narrative progress report is received.

## **Required Application Components**

Each application must contain the following items in the order listed:

- Grant Application Face Sheet (enclosed)
- Governing Board Resolution (enclosed)
- Budget/Expenditure Report Form (enclosed)
- Copy of 501(c)3 (nonprofits only)
- Accounting System and Financial Capability Questionnaire (enclosed, nonprofits only)
- Financial Statements, IRS 990 or Certified Financial Audit (nonprofits only\*)
- Table of Contents
- Applicant Information
- Project Narrative
- Project Work Plan
- Budget Justification Narrative
- Project Staff Qualifications (form enclosed)
- Appendix

## **Application Submission Requirements**

- It is recommended that you review these instructions, the attached Minnesota Statute section 145A.14, subdivision 2 and the Indian Health Grant Application Scoring Criteria.
- Narrative portions of the application must be in 12-point font, single spaced with one-inch margins.
- Narrative pages should include the name of the applicant.
- Narrative pages must be numbered consecutively.
- Applications must include all required components in the order specified.
- An original and three copies of the application must be submitted (\*audit documents need only be submitted with the original copy)
- Faxed or emailed applications will not be accepted.
- Late applications or applications lost in transit by post office or courier will not be reviewed.

**An original and three (3) copies of the application are due by 4 p.m. on September 30, 2011 to:**

Debra Jahnke  
Minnesota Department of Health  
Office of Rural Health and Primary Care  
P.O. Box 64882  
St. Paul, MN 55164-0882

or via courier at:  
Debra Jahnke  
Minnesota Department of Health  
85 E 7<sup>th</sup> Place, Suite 220  
St. Paul, MN 55101

Applications postmarked prior to this date but not received by MDH prior to the time deadline will be considered late. Late applications will not be considered for review.

## **MDH Administrative/Technical Program Support**

MDH will provide consultation and guidance in completing the application process. For assistance, contact Debra Jahnke, Office of Rural Health and Primary Care, at 651-201-3845 or toll free from Greater Minnesota at 1-800-366-5424.

## APPLICATION COMPONENTS

**The following outline and instructions should be used by all applicants to prepare the application.**

- I. Grant Application Face Sheet** (enclosed)  
Complete form and include original signature. Face Sheet can be used as cover page.
- II. Governing Board Resolution** (enclosed)  
A signed Governing Board Resolution authorizing the Indian Health Grant application must be submitted.
- III. Budget/Expenditure Report Form** (enclosed)
  - A.** Provide a separate budget for each calendar year. An award through this program does not require re-application for year-two funding.
  - B.** Complete the “Budget Amount” columns, identifying local sources and grant funds requested that will support the project described in the grant application.
  - C.** Total all lines and columns; check for mathematical accuracy.
  - D.** Ensure that the total for both years is consistent with the Grant Application Face Sheet.
- IV. Nonprofit 501(c)(3) document**  
Nonprofit organizations must submit a copy of their 501(c)(3). This is not applicable to government and tribal organization applicants.
- V. Nonprofit financial documents and Accounting System and Financial Capability Questionnaire** (enclosed)  
It is the policy of the State of Minnesota to make grants to nongovernmental organizations that are financially stable enough to carry out the purpose of the grant. Before awarding a grant of over \$25,000 to a nongovernmental organization, Minnesota state agencies must review the Accounting System and Financial Capability Questionnaire and assess a recent financial statement from that organization. Items of significant concern must be discussed with the grant applicant and resolved to the satisfaction of state agency staff before a grant is awarded.  
  
Nonprofit organizations must submit the Accounting System and Financial Capability Questionnaire (Form D) **and** one of the following based on annual income levels:
  - Organizations with annual income **under \$25,000** or who have not been in existence long enough to have completed IRS Form 990 or an audit must submit the most recent board-reviewed internal financial statements.
  - Organizations with annual income over **\$25,000 and under \$350,000** must submit the most recent IRS Form 990 or a Certified Financial Audit.

- Organizations with annual income **over \$350,000** must submit the most recent Certified Financial Audit.

**VI. Table of Contents** (all narrative pages from this point forward should include the name of the applicant organization and a page number on each page)

**VII. Applicant Information**

- A. Brief summary of organizational history
- B. Brief description of the administrative structure of your agency
- C. Brief description of organization's current programs and services
- D. Brief description of the organization's target population

**VIII. Project Narrative**

**A. Problem Statement**

Describe the priority problem or problems experienced by the American Indian community that will be addressed by the proposed grant project. A description of the population and location of the community should be included.

**B. Project Description and Collaboration**

Describe the proposed grant project, including an overview of what will be done and how it will be done. Specify the target population for the project and how many (in numbers) will be impacted. Provide an explanation of how the project is supported by the American Indian community and other community partners. The proposed project should address the problem described in Part VIII (A). If the project has been funded before under this grant program, applicants should describe progress made in prior years.

**IX. Project Work Plan**

**A. Project Goals**

A goal is a restatement of a public health problem in a way that describes what conditions will prevail if the problem is resolved or reduced. A goal is long term and not necessarily measurable, but it clearly establishes a connection between public health problems/priorities and the applicant's intentions.

For example, an applicant may find during its community assessment that the American Indian women experienced a high-risk birth rate exceeding state averages. Based on this finding and other related data, an organization might establish the following goal: To reduce the American Indian infant mortality due to high-risk birth.

## B. Objectives for Each Project Goal

Include objectives for each stated goal. Objectives are **tangible, measurable and achievable outcomes** specific to what the proposed grant project is intending to accomplish. Objectives are generally client-centered with the focus on the targeted population and not on organization activities. Objectives that use a number or percentage as an ending outcome should include the current base level number or percentage so that the intended change is clear.

Objectives contain four common elements:

1. An indicator (what the problem is)
2. A target (a “who” or a “what,” generally the client)
3. A time frame, and
4. The amount of measurable change expected in the indicator, or the target.

A common format for objectives is as follows:

By \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_, will \_\_\_\_\_.  
(when?) (% of change) (what population) (indicator)

### For example:

By December 31, 2011, 97% (from 86.5% in 2008) of American Indian  
(when?) (% of change) (who/what)

women will initiate prenatal care before the third trimester of pregnancy.  
(indicator)

## C. Activities for Each Project Objective

Activities are detailed descriptions of how the objectives will be accomplished. Activities are organization-centered (vs. client-centered objectives) and should document the person responsible for each activity and a time period in which the activity will be completed. Activities may be documented within a table format, or by statements such as the following format:

The \_\_\_\_\_ will \_\_\_\_\_ by \_\_\_\_\_.  
(who?) (what? how much? activity?) (when?)

### For example:

The Maternal-Child Health Nurse will provide free pregnancy tests  
(who at the agency?) (what activity?)

for 60 American Indian women during 2010.  
(how much?) (when?)

## **X. Budget Justification Narrative**

Prepare a Budget Justification for **each year** of the grant project. The budget justification should include an explanation for **each** of the cost items for which grant funds are being requested on the Budget/Expenditure Report form. Explanations for each cost item should include details on how the budgeted cost items were calculated as well as a rationale of how the item relates to the objectives and activities listed in the Work Plan. The following instructions provide examples of the type of information necessary.

### **A. Salary and Fringe**

Provide the position title, total salary, FTE based on 2,080 hours/year spent by the position in activities funded by this special project, the rationale for this calculation, the dollar amount of the Indian Health Grant funds budgeted for positions, and the relationship to objectives/activities.

Example:

Registered Nurse

0.75 FTE @ \$29,572 = \$22,179.00

Secretary

0.2 FTE @ \$16,500 = \$ 3,300.00

Fringe Benefits (19%) = \$4,841.01

Fringe benefits include life/health insurance, FICA, unemployment and worker's compensation insurance coverage.

Total = \$30,320.01

Rationale: Registered Nurse is assigned 75% to the project; estimated percentage of secretary's time is based on actual experience during previous grant period.

The majority of the nurse's time will address Objective X: "initiate prenatal care before the third trimester of pregnancy." Her time will include pregnancy testing and health and nutrition education for expectant mothers.

### **B. Travel**

Provide the number of miles of travel planned for project activities as well as the rate of reimbursement per mile to be paid from Indian Health Grant funds. (Note: Out-of state travel is discouraged, and must be approved specifically by the MDH grant manager.) The rationale should specify how the travel will support the activities and objectives.

**C. Contracted Services**

Provide the name of the contractor, the components or services to be provided by contractor, and cost per service, client, etc.

Example:

Wonderful Office Building --

Rent for office for 12 months @ \$900/month = \$10,800

XYZ Laboratory –

Laboratory services for diabetes testing and pregnancy testing = \$500

Total = \$11,300

**D. Equipment and Supplies**

Provide an actual cost of equipment and/or supplies that will be purchased with grant funds. Purchases of these items should have been previously outlined in the activities of the Work Plan and the rationale should show how the equipment and/or supplies will directly support the objectives.

**XI. Staff Qualifications** – briefly describe qualifications of key staff who will be involved in the project. Use the enclosed Biographical Sketch form or *brief* resumes as supporting documentation.

**XII. Appendix** – Applicants may submit any additional information to support the application, such as evidence of community support, collaboration and coordination for the proposed project, financial statements supporting need, key staff resumes, etc. Letters of support from the community are strongly encouraged.

**XIII. Submission**

**Submit an original and three (3) copies of the application to:**

Debra Jahnke  
Minnesota Department of Health  
Office of Rural Health and Primary Care  
P.O. Box 64882  
St. Paul, MN 55164-0882

or via courier at:  
Debra Jahnke  
Minnesota Department of Health  
85 E 7<sup>th</sup> Place, Suite 220  
St. Paul, MN 55101

**Applications must be received on or before 4 p.m., September 30, 2011.**

ORHPC/2011

# GRANT APPLICATION FACE SHEET

## Indian Health Grant Program Minnesota Department of Health

**1. Applicant Organization** (with which grant contract is to be executed)

Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Federal ID Number \_\_\_\_\_ State Tax ID Number \_\_\_\_\_

**2. Director of Applicant Organization**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**3. Fiscal Management Officer of Applicant Organization**

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**4. Operating Organization** (if different from number 1)

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**5. Contact Person for Operating Organization** (if different from number 2)

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**6. Contact Person for Further Information on Application** (if different from number 5)

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**7. Amount Requested**

**8. Type of Organization (check one):** Tribal entity \_\_\_\_\_ Nonprofit 501(c)(3) \_\_\_\_\_ Governmental entity \_\_\_\_\_

**9. I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.**

Signature	Title	Date
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**GOVERNING BOARD RESOLUTION**

**Be it resolved that:**

1) \_\_\_\_\_ may apply for an Indian Health  
(Applicant)

grant from the Office of Rural Health and Primary Care of the Minnesota Department of Health.

2) \_\_\_\_\_ certifies that it will comply with the  
(Applicant)

requirements of the Indian Health Grant Program, including the requirements in **Minnesota Statutes section 145A.14, subdivision 2.**

3) \_\_\_\_\_ is authorized to enter into a grant  
(Applicant)

contract with the State of Minnesota if the application is successful.

4) \_\_\_\_\_ is hereby authorized  
(Name and Title of Authorized Official)

to execute contracts and certifications as required to implement the organization's participation in the Minnesota Indian Health Grant Program.

**I certify that the above resolution was adopted by the** \_\_\_\_\_  
(Governing Body)

of \_\_\_\_\_ on \_\_\_\_\_.  
(Organization) (Date)

**SIGNED:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**WITNESSED:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

**Community Clinic Grant Program  
Biographical Sketch**

=====  
(Provide the following information for all professional personnel who will be involved in the project. Use continuation pages and follow the same general format for each person or submit brief resumes.)

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**NAME**

**TITLE**

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**ROLE IN PROPOSED PROJECT**

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**EDUCATION**

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**INSTITUTION AND LOCATION**

**DEGREE, YEAR EARNED**

**PROFESSIONAL FIELD**

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**PROFESSIONAL EXPERIENCE**

*(Starting with present position, list training and experience relevant to the proposed project.)*

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## INDIAN HEALTH GRANT BUDGET/EXPENDITURE REPORT

Minnesota Department of Health  
 Office of Rural Health and Primary Care  
 P.O. Box 64882  
 St. Paul, MN 55164-1882  
 (651) 201-3845

TYPE OF REPORT (specify only one)

- Budget Original
- Advance Payment Request
- Expenditure Report
- Final Expenditure Report

<b>Grantee Agency:</b>		<b>Name of Project:</b>	
<b>Street Address:</b>		<b>Grant Year:</b>	
<b>City, State, Zip:</b>		<b>Expenditure Period:                      To:</b>	

BUDGET/EXPENDITURE	Budget Amount			Expenditure Amount			Outstanding Obligations		
	LOCALMATCH	MDH GRANT	TOTAL PROJECT	LOCAL MATCH	MDH GRANT	TOTAL ROJECT	LOCAL MATCH	MDH GRANT	TOTAL PROJECT
Salaries & Fringe Benefits									
Travel									
Contractual Services									
Telephone & Postage									
Supplies									
Equipment									
Other (identify)									
Indirect Costs									
TOTAL - this period									

<b>Reimbursement Requested:</b> \$ _____	<b>Certification (Signatures)</b> I certify that to the best of my knowledge and belief the data reported above is correct and that all transactions were made in accordance with grant provision and applicable assurances.	<b>FOR MDH USE ONLY</b>		
Cash Received to Date		Fiscal Year	Vendor Number	PO H12 Number
Total Expenditures to Date				
Cash Balance		Dollar Amount		
Project Director _____ Date _____				
Financial Management Officer _____ Date _____				



## ACCOUNTING SYSTEM AND FINANCIAL CAPABILITY QUESTIONNAIRE

*This is a standard form to be used in order to determine the financial capacity of grant applicants. The creation and implementation of this form is in response to the best practices stated in the Office of Legislative Auditor's report "State Grants to Nonprofit Organizations," January 2007.*

**No applicants will be excluded from receiving funding based solely on the answers to these questions.**

SECTION A: APPLICANT INFORMATION																
1. Organization Name and Address	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none; vertical-align: top;">2. Employer Identification Number</td> <td style="border: none; vertical-align: top;">3. Number of Employees Full Time:                      Part Time:</td> </tr> <tr> <td colspan="2" style="border: none;">4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?</td> </tr> </table>	2. Employer Identification Number	3. Number of Employees Full Time:                      Part Time:	4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?												
2. Employer Identification Number	3. Number of Employees Full Time:                      Part Time:															
4. When did the applicant receive its 501(c)3 status? (MM/DD/YYYY)?																
5. Is the applicant affiliated with or managed by any other organizations (Ex. regional or national offices)? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details:  5b. Does the applicant receive management or financial assistance from any other organizations? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes," provide details:	6a. Total revenue in most recent accounting period (12 months).  6b. How many different funding sources does the total revenue come from?															
7. Does the applicant have written policies and procedures for the following business processes? <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">a. Accounting</td> <td style="width: 10%;"><input type="checkbox"/> Yes</td> <td style="width: 10%;"><input type="checkbox"/> No</td> <td style="width: 10%;"><input type="checkbox"/> Not Sure</td> <td style="width: 40%;">If yes please attach a copy of the table of contents</td> </tr> <tr> <td>b. Purchasing</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> <td>If yes please attach a copy of the table of contents</td> </tr> <tr> <td>c. Payroll</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Not Sure</td> <td>If yes please attach a copy of the table of contents</td> </tr> </table>		a. Accounting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents	b. Purchasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents	c. Payroll	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents
a. Accounting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents												
b. Purchasing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents												
c. Payroll	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure	If yes please attach a copy of the table of contents												
SECTION B: ACCOUNTING SYSTEM																
1. Has a Federal or State Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection, identification and allocation of costs for grants <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: If a financial review occurred within the past three years, omit Questions 2 – 6 of this Section and 1-3 of Section C.</i>																
a. If yes, provide the name and address of the reviewing agency:	b. Attach a copy of the latest review and any subsequent documents.															
2. Which of the following best describes the accounting system? <input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Combination																
3. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
4. If the applicant has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> Not Applicable															
5. Are time studies conducted for an employee(s) who receives funding from multiple sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> No Multiple Sources															
6. Does the accounting system have a way to identify over spending of grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
SECTION C: FUND CONTROL																
1. Is a separate bank account maintained for grant funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
2. If grant funds are mixed with other funds, can the grants expenses be easily identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
3. Are the officials of the organization bonded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
SECTION D: FINANCIAL STATEMENTS																
1. Did an independent certified public accountant (CPA) ever examine the organization's financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure															
SECTION E: CERTIFICATION																
I certify that the above information is complete and correct to the best of my knowledge.																
1. Signature	2. Date                      /                      /															
3. Title																

**Minnesota Statute**

**145A.14 Special grants.**

Subd. 2. **Indian health grants.** (a) The commissioner may make special grants to establish, operate, or subsidize clinic facilities and services to furnish health services for American Indians who reside off reservations.

(b) Applicants must submit for approval a plan and budget for the use of the funds in the form and detail specified by the commissioner.

(c) Applicants must keep records, including records of expenditures to be audited, as the commissioner specifies.

## **Indian Health Grant Application Scoring Criteria**

The following is a guide used by grant reviewers to score Indian Health Grant applications.

**A. All legal and procedural conditions of eligibility are met.**

- Organization is a governmental, tribal or nonprofit entity.
- Proposed services are for Indian persons not residing on Indian land who are members of an organized tribe having a treaty relationship with the federal government and who are regarded as Indians by the group in which they claim membership.
- Application was received by the stated deadline.
- Grant Application Face Sheet is completed and signed.
- Governing Board Resolution is completed and signed.
- Accounting System and Financial Capability Questionnaire is completed and signed.
- Required financial documents are included.

**B. Evidence that proposed activity will positively affect identified priority community health problems in a cost-effective manner.**

- The Indian community has been clearly identified by numbers and geography and has been included in the community assessment process.
- The proposal includes an identified community health problem, goals, objectives and activities for the proposed grant project.
- The objectives are measurable and the activities include staff assignment and a defined timeline for completion.
- There is a clear relationship between the identified community health problems and the goals, objectives and activities presented in the proposal.
- There is evidence that the proposed activities will improve population health status and are culturally acceptable.
- The proposal includes a complete and mathematically accurate budget.
- The budget justification is complete and follows application guidance directions on detailed content.
- The proposed project budget expenditures are clearly connected to program objectives and activities.
- Funding from other sources, specific to the proposed grant project, have been identified.

**C. Evidence of coordinated planning, community support and integration of projects with other community resources.**

- There is evidence of support for the proposed project from the Indian Community.
  - Does the planning process show involvement of the Indian community as participants?
  - Are there indications of support from affected members/organizations in the Indian community?
  - Are there indications of support from other health and social service organizations serving the Indian community?